

Project DC-STEP | Eligibility Verification Form

SITE: _____

DATE: |__|_| - |__|_| - |__|_| MM-DD-YY

Use this form to obtain information about women who agree to participate in Project DC-STEP. If any of this information cannot be found, please write "Don't Know" in the appropriate blank.

[illegible]

*** Codes for Health Conditions**

1 = No conditions noted

2 = heart disease (NRT only)

3 = irregular heart beat (NRT only)

4 = high blood pressure (NRT only)

5 = diabetes (NRT only)

6 = liver condition (NRT only)

7 = kidney condition (NRT only)

8 = stomach ulcer (NRT only)

9 = asthma (NRT only)

10 = chronic pulmonary disease (NRT only)

11 = skin condition (NRT only)

12 = any psychiatric disorder (ETS only)

13 = Suicidal (both NRT and ETS)